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ABSTRACT

The setting up and functioning of a sex counseling service at Yale College is discussed. The service is staffed by a husband and wife, gynecologist and social worker respectively, functioning as a team, with the goal of helping students with any problem relating to sexuality. The sex counseling service was placed within the Mental Hygiene Division of University Health since the psychiatric staff had a good reputation among students. A good response was noted the first year, with a total of 387 cases. The three major categories of problems: (1) requests for birth control; (2) pregnancy; and (3) sexual dysfunction or concern, and the clinic's approach to each are described. A case study is included. The value of a cotherapy team is discussed. The paper concludes with a brief section on campus response. (Author/KJ)

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# A SEX COUNSELLING SERVICE FOR COLLEGE STUDENTS

by

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## INTRODUCTION

In the Fall of 1969 Yale College became coeducational. All at once 600 undergraduate females were added to the male enrollment of 4200. In preparing for coeducation the student health service suddenly became acutely aware of a gap in its services. There was not even one obstetrician and gynecologist on the staff! Female graduate students had always been referred to doctors in town. The thought of 600 young women with ailments ranging from cramps to pregnancy was not a little frightening for a health service geared almost exclusively to male needs.

Knowing of his special interest in the sexual problems of college students, the Department of University Health approached the gynecologist author of this paper with the idea of running a gynecology clinic. After several consultations with health staff administrators a plan was evolved to provide something beyond the usual gynecologic care, something to be labelled "sex-counselling". The Sex Counselling Service would be staffed by the authors - husband and wife, gynecologist and social worker respectively, functioning as a team, with the goal of helping students with any problem relating to sexuality. Another gynecologist would handle routine medical problems. In order to stress the special nature of the service and to facilitate close working relations with staff psychiatrists, it was decided to place the sex counselling service within the Mental Hygiene Division of University Health rather than within the medical division.

## BACKGROUND

Our work with college students began in 1967 when the Air Force stationed us close to Mt. Holyoke, Smith, Amherst and the University of Massachusetts. The year before, Dr. Sarrel, as a member of the Department of Obstetrics and Gynecology at Yale, had organized and helped to give a course in human

sexuality for Yale medical students. It seemed very logical to extend sex education to college students. The first course was given at Mt. Holyoke and followed a basic format that has been repeated with some variations many times since then.* This format consists of a non-credit series of six to ten lectures followed by small discussion groups.

Following the discussion groups individual students often asked to see us about sexual problems they did not want to bring up in the group and throughout our two years in the Air Force our home telephone rang frequently with pleas from students for contraception or abortion resources. We gradually became aware of the alarming lack of helpful resources available through college auspices. Each campus seemed to have a few trusted persons - teachers, doctors, or chaplains, who were known to be helpful in some situations, but the vast majority of students felt there was no one they could turn to with a serious sexual problem or concern. Suspicion, amounting almost to paranoia, existed regarding some health services. It was rumored that parents were notified of a pregnancy, that memos went to deans' offices and that every urine specimen was tested for a pregnancy. One student told us of returning to school after an illegal abortion, bleeding badly. Panicked, she called one of the staff doctors and explained her situation. He hung up on her!

STARTING THE SEX COUNSELLING SERVICE AT YALE

That students needed help, advice and services relating to sexual problems was unquestionable and there was no reason to think Yale would be any different but it was obviously important to "advertise" the service and to gain students confidence and respect. This was on our minds in deciding to belong to the Mental Hygiene Division because the Department of University Health psychiatric staff has an excellent reputation among students for help-

*See paper by Sarrel and Coplin describing this course.

fulness and, above all, confidentiality. We decided to follow their practice of stressing confidentiality and of keeping records entirely apart from the students regular medical chart.

In the first few weeks of the semester last Fall there were many opportunities to explain the sex counselling service at meetings with student groups, their student-advisors, deans and masters of the colleges as well as the nursing and medical staff of the Department of University Health. The sex counselling service was described in a directory that is available to all students and some free publicity was given by way of an article in the Yale Daily News.

The "advertising" was obviously successful. From the very first day all appointments were taken. Last year, the sex counselling service functioned one day a week and the wait for an appointment grew longer as the year progressed until last Spring when the wait was nearing three months. Of course emergencies were always fit in somehow.

The format of the clinic has remained the same since we began because we have found it to be effective and practical. Appointments are scheduled for 1/2 hour. We see all students together, usually for 15 to 25 minutes. Then, in most instances, a pelvic exam is done by the gynecologist member of the team, in an adjacent room, with a chaperone present. Sometimes there is discussion following the examination.

In our first year we saw a total of 387 cases. Of these, 178 were undergraduates. For the purposes of this discussion we will focus on the undergraduates. Eleven males sought our help for their own sexual problems and another 28 undergraduate men came in with their girlfriends. Of the 167 undergraduate females, 65 per cent of them came requesting birth control. Eleven per cent thought they were pregnant but the majority were not. Fourteen students came

came for the "morning after" pill. Two girls were afraid they had venereal disease and they did. Twelve girls came just to talk about a sexual problem or dilemma and another ten came for miscellaneous reasons. Since the problems seen at the sex counselling service fall into three major categories; (1) requests for birth control, (2) pregnancy, and (3) sexual dysfunction or concern, our approach to each will be described.

CONTRACEPTION

There are very few "routine" requests for birth control in a college population. The student's need and want to talk about so much more than just the relative merits of pill versus I.U.D. or how to use a diaphragm. There are three general areas that we always discuss with students requesting birth control. The first area is sexual history and begins with the question, "have you had intercourse?". We want to know if the girl and/or her boyfriend have questions or worries about sex response or specific sexual experiences. We want to know how they feel about their sexual experiences - happy? sad? perplexed? conflicted? ecstatic?

We see many girls or couples who have not yet had intercourse. They are in a close relationship and know they want to have intercourse but not before they have the most reliable form of contraception they can get. Another, even larger group of patients has begun having intercourse only recently. Almost 75 per cent of the freshmen we saw last year fell into one of these two groups. Only 25 per cent had been non-virgins when they arrived on campus. We give these statistics to emphasize the number of students who are just beginning full sexual relations. This is obviously a critical stage in psycho-sexual development - a time when education and counselling can spell the difference between development and disaster.

The second major area we discuss is the present male-female relationship or

or relationships. Are there major problems? If a girl is having intercourse with a number of partners, how is this affecting her? What has been a student's pattern of relating in the past?

The third area we try to cover is, broadly speaking, the student's background and relations to family. There are many current issues such as, whether a girl should tell her parents she is having intercourse. For most college students, first sexual intercourse is intimately tied to feelings about growing up and away from parents, establishing individual and sexual identity and the shifting of focus from family of orientation to their future family of procreation. Talking about their family's attitudes and the sex education they did or did not receive usually raises moral issues. We have been impressed by the students' reaction to this sort of discussion. Far from bristling at any mention of ethics or values, they seem to welcome a chance to discuss their own personal moral dilemmas. Perhaps they welcome it because we are not preaching. What we are trying to do is to help them think through the meaning of their sexuality and sexual behavior for themselves and their partners.

As a further illustration of the way we function when a girl requests contraception we will discuss one case we saw last year.

Case History

Jane is a sophomore who came to see us last Spring. She had come for two reasons, for birth control and because another gynecologist had told her that her hymen was too tough and tight for her to have intercourse - so tight that she might need surgery to open it. He had suggested that Jane come to the sex counselling service. Jane had been dating a sophomore since the Fall. It was a close, warm relationship but neither of them felt it would be permanent. They had petted but never tried to have intercourse. Jane said "if there's one thing I learned in Dr. Sarrel's sex course it's not to have intercourse without good contraception. Jane had never had an orgasm from petting although she did have orgasms regularly through masturbation. She consciously held back because to have an orgasm with him would be "too embarassing". He, too, refused to have a climax when they pet because for him it would be "too messy". In the course of taking a gynecologic history, Dr. Sarrel returned to the subject of Jane's tight hymen. He told her that he suspected her problem was not a tight hymen but an involuntary spasm of the muscles at the entrance to the vagina. If this were so, and he would be able to tell on his physical examination, she could be taught how to relax these muscles. The examination did in fact show that Jane had a vaginismus. Dr. Sarrel was able to demonstrate to her how she was involuntarily tightening her muscles and was also able to show her that there was no physical barrier preventing entry to her vagina.

While Jane was dressing we discussed the examination and our reactions to her history. Both of us were convinced that she was not emotionally ready to have intercourse - at least not with her current boyfriend and possibly

not with anyone. When she rejoined us we told her that we were concerned about her going ahead and having intercourse now, that it would take time for her to learn to relax her muscles but, more than that, it sounded as though her relationship with her boyfriend wasn't yet comfortable and close and intimate enough for intercourse. We explained that our advizing against intercourse now didn't mean that she could not have the pill if she wanted it - the decision was entirely hers. She was quiet for a minute and then said, "you know I don't think I was ever really sure I wanted to have intercourse. I'm only going to see my boyfriend on week-ends during the summer and that's really not the best way to start - so I think I'll wait until Fall and come back to see you then if we are going to have intercourse.

PREGNANCY

Pregnancy poses somewhat different issues for the sex counselling service. To begin with, the fact of pregnancy needs to be established. If a girl is pregnant we talk to her or, more often, to the couple, about alternatives. Abortion has been the decision in almost every case we have seen. There is a need to focus on the realities of the situation - when and how, finances and the involvement or non-involvement of parents. If a girl is to be aborted legally she (and often her boyfriend) are seen by one of the Department of University Health psychiatrists and he, as well as the sex counselling service gynecologist, submit letters to the hospital committee on abortion. If they approve then the gynecologist member of our team performs the abortion at the Yale-New Haven Hospital. If the girl is under 21 there must be signed permission from one parent. Although most students are resistant to the idea of involving parents it has been our experience that parents are amazingly supportinve in this crisis. In some instances it has created a relationship between parent and child, that is closer than ever before.

The sex counselling service places great stress on the importance of follow-up after an abortion. The same psychiatrist who saw the girl or couple before will see them at least once afterward. Ideally, he will see them within a few days, again a week or two later and again six-months later. In addition to its therapeutic value for the students, it is hoped this procedure will increase our understanding of the emotional sequellae of abortion among college students.

An important sub category in our consideration of pregnancy are those girls or couples who have intercourse without birth control at a time when they might become pregnant. In these cases, the morning after pill (50 mgs. of

diethylstilbestrol) is prescribed and there have been no failures. However, we find that in many instances these students merit the same concern and professional input as girls who actually do become pregnant. Although almost all are seen on an emergency basis, they are given a follow-up appointment so that we can discuss birth control and the possible reasons for their non-use of contraception. We have found certain factors to be significant including; ignorance, promiscuity, fear of infertility, desire for pregnancy, crisis over feminine identity, and many misconceptions about sexual response. In other words, the request for the morning after pill may well be an important signal of psycho-sexual distress.

SEXUAL PROBLEMS

A proportionately small number of students coming to the sex counselling service are seeking help with a sexual dysfunction or have a general concern about sexual inadequacy. These students usually require more time - both in length and number of interviews but we feel that the results are well worth the input. The problems range from long standing sexual dysfunction in a married couple to the medical student and his wife who had not had intercourse for three months to the sophomore who seemed to have lost sensation in his penis.

Our approach to these problems is eclectic. It involves education - direct teaching, suggesting that the individual or couple attend the non-credit course on sexuality or suggesting certain reading. It involves conditioning, as described by Masters and Johnson in Human Sexual Inadequacy. If appropriate, there is a physical examination and diagnosis. Treatment also involves discussion of attitudes and feelings about sex, one's partner, pregnancy, birth control, parents and siblings, as well as a careful and detailed discussion of specific sexual interactions.

While we do draw heavily from Masters and Johnson, most of our cases differ from theirs in one highly significant point; our patients are young and are seeking help very early, before the sexual problem multiplies and infects other areas of functioning and relating. We saw an engaged couple where the fellow was almost always impotent. We worked intensively with them for several months last Spring and, by the time of their wedding, he was perfectly potent.

Regardless of the presenting request or problem, we are always alert to signs of emotional distress that may require psychiatric help. Last year, we referred 14 patients to the psychiatric staff. Often these are students who have not viewed their difficulties, sexual or otherwise, as requiring professional help. We sometimes spend several interviews working toward psychiatric referral. In addition, we sometimes learn of difficult reality or family situations that the student has not discussed with anyone else in authority. For example, we recently helped a student to get her mother, who lives in the mid-west, to a competent psychiatrist.

VALUE OF A COTHERAPY TEAM

The fact that there are two of us, male and female, husband and wife, seems to make students feel comfortable. For the girls especially, the presence of a female is a support. It calms anxieties and puts to rest any sexual fantasies they may have held - the frightening as well as the pleasurable ones. We are able to get into sexual material very easily and quickly. Almost no one has reacted with hostility, suspicion or embarassment. Afterwards, some students have told us that this was the first time they had ever discussed their sex life openly and frankly with anyone - no less adults!

The fact that we are married adults, yet not quite of their parents' generation, probably promotes our being seen as surrogate parents - but

parents who are tuned into their scene and willing to listen. A number of the stucents we have seen over a period of time have commented on their feeling that we were like parents for them. This relationship to students has a myriad of implications which we may be able to explore more fully at a later date.

CAMPUS RESPONSE

The campus response to the sex counselling service seems to be very favorable. Students obviously make use of the service and, this year, we are seeing an increasing proportion of males and couples. It is unusual for a student to cancel or miss an appointment but, when this does happen, the appointment is often "given" to a roommate or friend. In a student booklet, Sex and the Yale Student, distributed free to all 9,300 undergraduate and graduate students this Fall, the students described the sex counselling service in this way.

> Among modern universities, Yale is almost unique in its creation of a special department at DUH (the Department of University Health) to deal with the sexual problems and questions of its students. The service is a part of the mental hygiene clinic which in itself is regarded both by students and on a national level as an outstanding program. So consider yourself very lucky.
>
> Sex counselling is done by Dr. and Mrs. Sarrel, a gynecologist and a social worker. The Sarrels work together as a team. The counselling services are offered at DUH by appointment on Mondays and Wednesdays only. To make an appointment call 436-3736.

Our relationship with the psychiatric staff is close and co-operative. Last year, all referrals ran in one direction - us to them. This year, one case has been referred to us for consultation and, hopefully, more will follow. Some of the residents in training on the staff have requested a regularly scheduled conference with us so that they can learn more about how we function and how they might adapt some of our techniques for their own use.

Last year, the greatest resistance we encountered was among the nurses

and doctors on the medical staff. Some were clearly disapproving. A conference with them cleared the air considerably. Our most outspoken critic on the medical staff even attended the lecture series in human sexuality and changed much of his thinking quite radically. By the end of the year, the nurses and the medical staff were making appropriate referrals and many have been very helpful in handling our extra patients for us.

This year has brought a new development which seems to connote respect for the sex counselling service at the faculty level. Half a dozen couples on the faculty have sought our advice regarding either their own sexual problems or those of their children. We are taking extra precautions to preserve confidentiality in these cases.

The administration of the college and of the health service have been exceptionally helpful. They were instrumental in starting the sex counselling service and have continued to support it. The Department of University Health will be moving into a new building next year and provision is being made for the sex counselling service to become a regular part of the health care plan which is to be initiated at that time.

At first we were concerned about the possible reaction of the alumni and parents to, for example, the prescription of contraception. In fact, there has been little or no opposition and some very positive support. The father of one of the girls we saw is a college president and having learned about the experience of his daughter has since started a sex counselling program on his campus modelled after Yale's.

When a widely distributed national newspaper mentioned that Yale had a new service that prescribed contraception, we thought there might be adverse reaction on the part of alumni but the Alumni Office forwarded the protest mail to us; it consisted of one letter. In addition, there were many favorable responses.